

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	39/830708	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.			↓	5	↓	
TOTAL DEP.			↔	↔	↔	
TOTAL CLAIMS			22			

	*	*	*				
	IND.			IND.	DEP.	IND.	DEP.
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100							
TOTAL IND.			↓				
TOTAL DEP.			↔		↔		↔
TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS